



## Maricopa County Diabetes Management Program

**Employee Instructions:** Enroll in the Walgreens Optimal Wellness Program (WOW). Take this form with you to your first appointment. Ask the pharmacist/health coach to complete the date of the visit and sign this form.

Direct questions regarding completion of this form or the Diabetes Management Program to:

**Employee Benefits**

602-506-1010 (*press option 2 and option 2 again*)

[BenefitsService@mail.maricopa.gov](mailto:BenefitsService@mail.maricopa.gov)

Deliver the completed form to:

**Employee Benefits**

301 W. Jefferson St., Suite 3200

Phoenix, AZ 85003

Or fax the form to (602) 506-2354.

Requirement	Frequency	Date Completed	Name
Consultation with pharmacist/health coach	Varies as determined by pharmacist/health coach		

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee ID

\_\_\_\_\_  
Pharmacist's Signature

\_\_\_\_\_  
Date

Complete this form on your initial visit to be eligible to receive your medications and supplies for the Diabetes Management Program.

Upon completion of the year-long Walgreens Optimal Wellness Program (WOW), you will be eligible to be reimbursed for up to nine diabetes related office visit co-pays for the plan year. To be reimbursed, please provide an itemized bill for each visit that includes procedure and diagnosis codes, along with paid receipts.